

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90344 015 ***150.00

DOCUMENT # 457883

1. Entity Name
VELASCO LIMITED PARTNERSHIP HOLDINGS, INC.



Principal Place of Business

**4011 WEST FLAGLER STREET
SUITE 404
MIAMI, FL 33134**

Mailing Address

**4011 WEST FLAGLER STREET
SUITE 404
MIAMI, FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-1554523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VELASCO, ROLANDO
4011 WEST FLAGLER STREET, #404
MIAMI, FL 33134**

7. Name and Address of New Registered Agent

Name **Rolando Velasco**

Street Address (P.O. Box Number is Not Acceptable)

**2530 Douglas Road
Suite 105**

City

Coral Gables

FL

Zip Code

33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ Delete
NAME **VELASCO, ROLANDO**
STREET ADDRESS **4011 WEST FLAGLER STREET, SUITE 404**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **VDVS** ☐ Delete
NAME **VELASCO, ERIC**
STREET ADDRESS **4011 WEST FLAGLER STREET, SUITE 404**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **PD** ☒ Delete
NAME **VELASCO, HERIBERTO**
STREET ADDRESS **1621 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **SD** ☒ Delete
NAME **VELASCO, AGUEDA**
STREET ADDRESS **1621 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **VP** ☐ Delete
NAME **VELASCO-ESQUIVEL, MIRIAM**
STREET ADDRESS **4011 W. FLAGLER ST., SUITE 404**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
NAME **Rolando Velasco**
STREET ADDRESS **4011 W Flagler Street Suite 404**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #